

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/067599	FILING DATE 5/28/98					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	2						53					
4	2						54					
5	2						55					
6	2						56					
7	/						57					
8	/						58					
9	1						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14							64					
15							65					
16							66					
17							67					
18			1				68					
19							69					
20							70					
21			1				71					
22				1			72					
23				2			73					
24				2			74					
25				2			75					
26				1			76					
27				1			77					
28				1			78					
29				1			79					
30				1			80					
31				1			81					
32				1			82					
33							83					
34			1				84					
35				1			85					
36			1				86					
37				1			87					
38				1			88					
39			1				89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		5				TOTAL IND.					
TOTAL DEP.	14		17				TOTAL DEP.					
TOTAL CLAIMS	17		22				TOTAL CLAIMS					